



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
SCL NOTICE OF PLACEMENT

INITIATED BY (COMMUNITY PROVIDER)	CSW / CASE MANAGER	PHONE
NAME OF CLIENT	DMH ID NUMBER	SOCIAL SECURITY NO
RESIDENTIAL PROVIDER	VENDOR NO.	DATE OF PLACEMENT

The following will be included on the contract:

EXPENSES	PARTIAL MONTH	FULL MONTH		PARTIAL MONTH	FULL MONTH	PAYMENT SOURCES		
Facility Base			*Transportation			SSI	PARTIAL	FULL
Apartment Rent Actual			*Rent Deposit			SSDI		
*Apartment Rent Maximum Allowed			*Application Fee			†Earnings		
*Utilities			*Phone Installation			DFS Grant		
*Food			*Other Start Up			Other		
*Personal Allowance			*Other (Specify)			DMH		
Total of expenses						Total of payments		

* REGIONAL LIMITS APPLY

† EARNINGS CONTRIBUTION=(1 MONTH NET INCOME -\$100)X 40%

COMMENTS

CSW / CASE MANAGER	DATE	PROVIDER SUPERVISOR W/ SIGNATURE AUTHORITY	DATE
SCL CASE MONITOR	DATE	SCL DIRECTOR	DATE

Notice of Placement Form Instructions

Identifying information

- *Initiated by (community provider):* The administrative agent or affiliate that will be providing case management.
- *CSW / Case Manager:* The worker coordinating the placement or transfer.
- *Residential Provider and Vendor Number:* The name of the DMH contracted RCF, ICF, SNF, children and youth facility, or apartment program along with the identifying DMH contract number.

Expenses:

- *Partial month*—Amount = cost X (days in facility/days in month)
- *Facility Base Rate* - board, room and routine care based on the DMH contract with an RCF, ICF, SNF, children and youth facility, or group home.
- *Apartment Rent* – Amount of rent as specified in a lease. This field is required for a client entering an apartment on a DMH-57 contract or housing voucher. SCL will authorize the client and DMH contribution amounts.
- *Maximum allowable rent* – The monthly rent cap according to regional limits.
- *Underutilized apartment.* If your region reimburses for underutilized apartments, indicate dates and categories of reimbursement.
- *Utilities* – Estimate of the utility cost for a client being placed in an apartment on a DMH-57 contract. Leave blank for voucher clients whose subsidy is based on rent and household income only.
- *Food* – Standard monthly food allowance for a client in an apartment on a DMH-57 contract. Leave blank for voucher clients whose subsidy is based on rent and household income only.
- *Personal allowance* – Standard monthly personal allowance. Leave blank for voucher clients whose subsidy is based on rent and household income only.
- *Transportation* – Monthly transportation allowance which can be used for a bus pass or other transportation expenses. Leave blank for voucher clients whose subsidy is based on rent and household income only.
- *Rent deposit* – Rent deposit up to the maximum allowable rent amount.
- *Application fee, and phone installation* – Based on regional limits.
- *Other startup* – Amount requested for furniture, cookware, linens and other expenses for a client starting an apartment.
- *Other (specify)* – Any other request for expenses to be covered in the initial contract should be explained in the comments section.

Payment Sources:

- *SSI* – Actual amount of the client's Supplemental Security Income.
- *SSDI* – Actual amount of the client's Social Security Disability Income.
- *Earnings* – For non-voucher clients earnings contribution = (1 month net income - \$100) X 40%. For voucher clients, the amount of the client's total gross earnings is entered here.
- *DFS Grant* – Clients qualifying for Medicaid in RCF and ICF facilities where the base rate exceeds the client's benefits are eligible for the DFS Cash Grant or ICF grant. These are paid to the residential facilities and apply to the cost of placement.
- *Other* – Any other income that will be applied to the cost of placement (RR retirement, alimony, other retirement funds).
- *DMH* – The balance of expenses that are not covered by other funding sources.
- *Total of Payments* – This should equal the *total of expenses* except for housing voucher clients. Leave blank for voucher clients whose subsidy is based on rent and client income only.
- *Comments* - Any additional details that help clarify the housing, costs or special circumstances. For apartment placements, indicate the names of all additional individuals living in the household and their relationship to the client. For voucher apartments, also include any income and benefits received by the other household members.

Signatures:

- *Provider Supervisor with Signature Authority* – Those service provider supervisory or management staff designated by the service provider to SCL as having the authority to approve placements and transfers.